

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6/16/03.

I. DISPUTE

Whether there should be additional reimbursement for ambulatory surgery center charges for epidural steroid injection dated 11/13/02. The carrier disputes that the requestor's facility is not an ambulatory surgical center and that the requestor billed improperly using a UB-92 form. However, the only basis for reduction of the services stated on the EOB was "M – reduced to fair and reasonable."

II. RATIONALE

Commission Rules 133.307(j)(2) states, "The response shall address only those denial Reasons presented to the requestor prior to the date the request for medical dispute resolution was filed with the division and the other party. Responses shall not address new or additional denial reasons or defenses after the filing of a request. Any new denial reasons or defenses raised shall not be considered in the review."

The respondent brought up the point that the disputed services should be considered delivered in an office setting instead of an ambulatory surgical center. However, this issue was raised after the filing of the dispute by the requestor and will therefore not be considered in this decision.

Commission Rule 133.307 (g)(3)(D) states, " if the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement in accordance with §133.1 of this title (relating to Definitions) and §134.1 of this title (relating to Use of the Fee Guidelines);"

The only documentation submitted by the requestor supporting their charges as fair and reasonable was a page listing the billed amount by the requestor and amounts paid by different carriers. No EOBs were submitted to support the requestor's position that their charges should be considered fair and reasonable. On this basis, additional reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for an epidural steroid injection delivered 11/13/02.

The above Findings and Decision are hereby issued this 14th day of January 2004.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division
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